

RECEIVED
SDNY PRO SE OFFICE

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

2022 JAN 24 AM 11:18

Robert Murray

Known as LEVITICUS LUCIFER No. _____

Write the full name of each plaintiff.

(To be filled out by Clerk's Office)

-against-

C.O. Pratt et al

~~John Doe~~ John Doe, Capt, Jan Doe

Do you want a jury trial?
 Yes No

Capt John Doe mental health Department
Department of (OMH) 2 John Doe Dep.s.

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

V. STATEMENT OF CLAIM

Place(s) of occurrence:

C-95/C-71 heart Island

Date(s) of occurrence:

12-16-2021**FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

12-16-2020 I had To go Down To heart Island clinic I was in C95 Hallway when I Stop at heart Island Door Because I was Stoping There Because I was threaten by inmates Pratt and A nother officer approached me in the hallway ~~Tell~~ Telling ~~me~~ that They Should fuck me up For Filing Lawsuite I walk from one Side of the hallway To get away I walk foron them I was followed c.o. part and John Doe ~~hit~~ hit me off my feet which pick me up of my feet I landid To The Floor with injord my lowerd Back and Leg its cambras in The hallway and The officer and Capt That was The Verd Body Cams I was in fear of my life in C-95 Do To officers having a hit on me I was Taken of The floor and put on a geney and To The Hospital in The Facility Then was Taken Back TO

This go with The Complaint
That is Dated 1-14-22

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

D.O.C was not allowing The Doctor TO make the proper Diagnosis I in a wheelchair I have Low Back pain

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

100,000,000 Compotory Damiges
100,000,000 punitive Damiges

I would like To Court To Order all amrae Footge all Body Cam footge and all jail Hose Footge The court will see The Truth

Robert Murray Known as Leviticus Leifer

The cell area in Bleeker where inmates ~~where~~ The cell area in Bleeker where inmates ~~where~~ threaten my life Because the C.O. had (10 pack) of Smokes on my head I was tell the officers and capt my life was in Danger They put in The ~~Hose~~ HOUSE on the Bed and left me There inmates was not feeding me my religious meals was Being Denied 3 Days of Being Torture ~~inmate~~ I Told a lady Capt I DID NOT EAT Breakfast she left Then the officer told the inmate To Troe something on him The inmate Trod Hot water on me the the Slot of The cell 1 cup and one pan of Hot Water The water in the pan landed on my back which pilled my skin so I Flooded the cell the capt. came back and sprayed ~~the~~ mased me I was take of the floor of the cell do to I cant walk do to the incident of 12-16-21

The Courts would have to order
the Taps to see that the officers
was flogging the law I was
also put back in heart Island
where my food was Being Denied
I was in a cell with no Toilet
no water I was living like a Dog
I Believe I got out of the Jan. 2, 2020
The officer was trying to kill
me and they gave me covid 19
to kill me because what I know
about officer Raping inmates on
Rikers Island, I got ASSL called
on Dec. 16 and was NOT sent
for out side treatment ~~get help~~
I was in the cell living ~~get help~~
on the floor.

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

First Name	Last Name	Shield #
<u>C.O. Part et al</u>		
Current Job Title (or other identifying information)		
<u>18-18 Hazen & East Elmhurst</u>		
Current Work Address		
<u>NY</u>	<u>NY</u>	<u>11370</u>
County/City	State	Zip Code

Defendant 2:

First Name	Last Name	Shield #
<u>OmH</u>		
Current Job Title (or other identifying information)		

Current Work Address

County, City	State	Zip Code
<u>D.O.C. Department</u>		
First Name	Last Name	Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City	State	Zip Code
<u>John Doe Dept.</u>		
First Name	Last Name	Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City	State	Zip Code
--------------	-------	----------

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

Violation of my federal constitutional rights

Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

First Name	Middle Initial	Last Name
Robert	L	murray
LEVITICOS Lucifer		

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

BELlevue Hospital 467 1st ave

Current Place of Detention

NY

Institutional Address

NY

County, City

State

Zip Code

10066

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

Pretrial detainee

Civilly committed detainee

Immigration detainee

Convicted and sentenced prisoner

Other: _____

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

1-14-22
Dated

Kelch
First Name

Voe
Middle Initial

R. A. Voe
Plaintiff's Signature

Mervin
Last Name

Prison Address

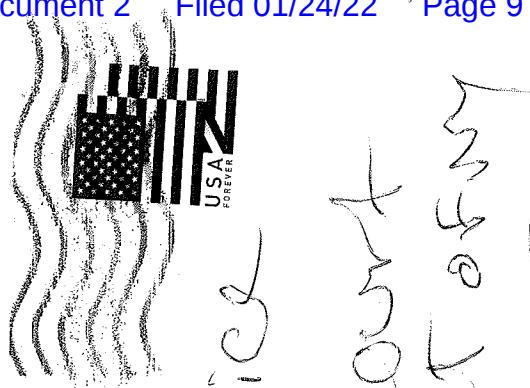
County, City

State

Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:

1-14-22



NEW YORK NY 100

19 JAN 2022 PM 11:11

SDNY PRO SE OFFICE
Pro Se Office

DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
500 Pearl Street

New York 10007

Robert Murovay
349-21-03473
Bellevue Hospital
462 1st ave
NY 10016

1/14/22
legal mail